

In The Name Of God

Dr.Mozhgan Nabatzade

Breast Fellowship

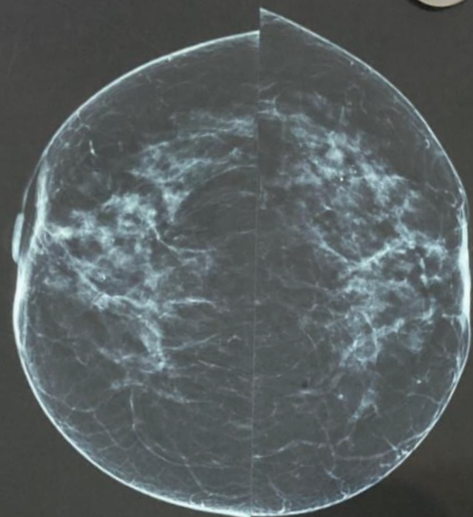
پنل سرطان پستان مرحله اوليه

کیس اول

- خانم ۵۱ ساله
- متاهل
- دارای ۲ فرزند
- شیردهی کامل دو ساله
- هیستوری خانوادگی کنسر منفی
- مراجعه به عنوان چکاپ

BANAFSHE, FATEME
2668548268
Age: 051
Study Date: 10/17/2021
RCC

RCC



Tech: M.M. Unit: This Station
Exposure Mode: AutoFilter kVp: 27 mAs: 95
Thickness: 39 mm Force: 26.9 lbs
Anode: W Filter: Rh
AGD: 1 mGy ESD: 2.96 mGy EI: 334
C-Arm Angle: 0.1 Paddle: 18X24 LFS
Institution: Dr. Nazifi Radiology Center
Address: 3th Floor, BARAN Building, Golbagh Namaz Street, Rasht

BANAFSHE, FATEME
2668548268
Age: 051
Study Date: 10/17/2021
LCC

LCC

Tech: M.M. Unit: This Station
Exposure Mode: AutoFilter kVp: 27 mAs: 81
Thickness: 37 mm Force: 27.8 lbs
Anode: W Filter: Rh
AGD: 0.99 mGy ESD: 2.79 mGy EI: 332
C-Arm Angle: 0.1 Paddle: 18X24 LFS
Institution: Dr. Nazifi Radiology Center
Address: 3th Floor, BARAN Building, Golbagh Namaz Street, Rasht

BANAFSHE, FATEME
2668548268
Age: 051
Study Date: 10/17/2021
RMLO

RMLO



Tech: M.M. Unit: This Station
Exposure Mode: AutoFilter kVp: 28 mAs: 100
Thickness: 45 mm Force: 27.7 lbs
Anode: W Filter: Rh
AGD: 1.07 mGy ESD: 3.49 mGy EI: 327
C-Arm Angle: -44.8 Paddle: 18X24 LFS
Institution: Dr. Nazifi Radiology Center
Address: 3th Floor, BARAN Building, Golbagh Namaz Street, Rasht

BANAFSHE, FATEME
2668548268
Age: 051
Study Date: 10/17/2021
LMLO

LMLO

Tech: M.M. Unit: This Station
Exposure Mode: AutoFilter kVp: 28 mAs: 102
Thickness: 45 mm Force: 30.8 lbs
Anode: W Filter: Rh
AGD: 1.1 mGy ESD: 3.58 mGy EI: 331
C-Arm Angle: 44.7 Paddle: 18X24 LFS
Institution: Dr. Nazifi Radiology Center
Address: 3th Floor, BARAN Building, Golbagh Namaz Street, Rasht

BANAFSHE, FATEME

2668548268

Age: 051

Study Date: 10/27/2021

RMMLO-
L RMMLO

Tech: S.J Unit: This Station
Exposure Mode: AutoFilter kVp: 27 mAs: 91
Thickness: 32 mm Force: 13.1 lbs
Anode: W Filter: Rh
AGD: 2.83 mGy ESD: 7.1 mGy EI: 475
C-Arm Angle: -44.8 Paddle: 10CM MAG SFS
Institution: Dr. Nazifi Radiology Center
Address: 3th Floor, BARAN Building, Golbagh Namaz Street, Rasht

BANAFSHE, FATEME

2668548268

Age: 051

Study Date: 10/27/2021

RMCC-
L RMCC

Tech: S.J Unit: This Station
Exposure Mode: AutoFilter kVp: 27 mAs: 93
Thickness: 30 mm Force: 16.8 lbs
Anode: W Filter: Rh
AGD: 2.98 mGy ESD: 7.18 mGy EI: 482
C-Arm Angle: 0.1 Paddle: 10CM MAG SFS
Institution: Dr. Nazifi Radiology Center
Address: 3th Floor, BARAN Building, Golbagh Namaz Street, Rasht

Bilateral Digital Mammography

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- *This is screening mammography and previous mammography is not available.*
- *The breasts are heterogeneously dense, which may obscured small masses. Some areas in the breasts sufficiently dense to obscured small masses (breast composition c).*
- *There is no evidence of suspicious mass, microcalcification or any definite sign malignancy in the left breast.*
- *Few benign type microcalcifications in left breast is seen.*
- ***Microcalcification in right LCQ is seen . FCMV mammogram in CC & MLO view are recommended.***

Conclusion & comment:

Right BIRADS:0

Assessment incomplete, FCMV mammogram in CC & MLO view are recommended.

Left BIRADS: 2

Benign finding(s) , Annual screening mammogram is recommended.

همکار محترم: سرکار خانم دکتر زهرا قاضیانی

سونوگرافی پستانها و نواحی آگزیلاری دوطرف با الاستوگرافی

لوبولهای چربی نرمال به همراه بافت فیبروگلدولر متراکم و اکوژن *Mottled* متمرکز در نواحی *UOQ* و سانترال در هر دو پستان در زمینه *Benign Breasts Changes* رویت گردید. در حال حاضر توده *Solid* با نمای *suspicious* و به هم خوردگی بافتی مشهود نبود. یافته های زیر مشاهده شد:

پستان چپ:

- توده هایپواکو و *oval* به ابعاد $10 \times 5 \text{ mm}$ در ساعت 12.5 (*BIRADS III*)

همچنین تعدادی کیست پراکنده به دیامتر حداکثر 5 mm در پستان ها مشاهده شد که بعضی از آنها حاوی سبتهای اکوژن ظریف داخلی هستند.

داکت اکتازی خفیف با دیامتر حداکثر $AP = 3 \text{ mm}$ فاقد ضایعه اینترا داکتال در رتروآرنول هر دو سمت

لنف نود با نمای پاتولوژیک در نواحی آگزیلاری دیده نشد.

جهت بررسی میکروکلسیفیکاسیون پستان راست *FCMV mammogram* توصیه میشود.

FCMV mammogram in CC and MLO view of right breast

=====

- *This is diagnostic mammography.*
- *There is a group of pleomorphic microcalcification in right retroareol which is suspicious finding , stereotactic biopsy is recommended.*

Conclusion & comment:

BIRADS 4b:

Suspicious for malignancy, stereotactic biopsy is recommended.

وکیوم بیوپسی پستان راست و چپ تحت گاید ماموگرافی + مارکر :

بیوپسی تحت گاید سونوگرافی با استفاده از وکیوم از یک گروه میکروکلسیفیکاسیون های پلئومورف در رتروآرئولار پستان راست (BIRADS:4b) و دو گروه میکروکلسیفیکاسیون آمورف UOQ پستان چپ (BIRADS:4b) انجام شده و نمونه های بدست آمده در فرمل های جداگانه به آزمایشگاه پاتولوژی ارسال گردید.

مارکر در محل بیوپسی ها تعبیه شد .

فلوشیپ : دکتر نوروزی

Clinical History: Not provided.

Imaging

- Polymorphous microcalcification in retroareolar of right breast(4b)
- Amorphous microcalcification in left breast (4b)

Gross Description:

The specimens are received in formalin in two containers as follows:

- A) "Right breast lesion", consists of multiple pieces of yellow-brownish tissue totally measuring 3x2.8x0.4 cm.
Submitted in toto in one block:A
- B) "Left breast lesion", consists of multiple pieces of tan-brownish tissue totally measuring 7x3x1.5 cm.
Submitted in toto in three blocks: B1-B3

Diagnosis:

A.Right breast lesion, vacuum assisted biopsy:

- Ductal carcinoma insitu(DCIS): Present
- *Architectural pattern: Cribriform, solid, comedo
- *Nuclear grade: 2
- *Necrosis: Present, central expansive "comedo" necrosis)

B. "Left breast lesion", vacuum biopsy:

- Stromal fibrosis, dilated ducts and presence of calcification in normal lobular unit and stroma

دستیار : دکتر دیلمانی

پاتولوژیست : دکتر بهار جهان پور

ورک آپ
مشاوره ؟
مشاوره ژنتیک

کاندید جراحی

Surgical Pathology Report

Tissue Origin : Right breast mass partial mastectomy (Frozen and permanent evaluation).

Clinical Data : A hypoechoic ovaloid mass and pleomorphic microcalcification measuring 10x5 mm at retroareolar region of right breast with BIRADS 4b.

Macroscopy : The specimen is received freshly for frozen and permanent evaluation and consists of a fibrofatty breast tissue measuring 8.5x8x3 cm that partially covered by skin tissue with 7.5x5.5 cm in diameter. Nipple is 0.8 cm in height and 1 cm in diameter. On cut sections a creamy color tissue with 6.5x4.5x4 cm is identified.

Frozen section Report : - DCIS . No invasive tumor is identified .
- All surgical margins are free of tumoral involvement.

Block summary : Frozen specimen of right breast mass 2 blocks (No F1-F2),
Permanent specimen of right breast mass 11 blocks (No 3-7,15-20),
Skin 1 block (No 8), Nipple 1 block (No 9),
Lateral surgical margin 1 block (No 10) ,
Superior surgical margin 1 block (No 11),
Medial surgical margin 1 block (No 12),
Inferior surgical margin 1 block (No 13),
Breast tissue separate from main tumoral mass 1 block (No 14).

Microscopy : Sections show breast tissue that reveals dilated ducts filled by proliferation of atypical cells with large pleomorphic vesicular nuclei, prominent nucleoli, eosinophilic cytoplasm and some mitotic figures along with central necrosis. Mild stromal fibrosis and chronic inflammatory cells infiltration are also seen. No stromal invasion is identified.

DX : Right breast mass partial mastectomy (frozen and permanent evaluation) :

- Presence of microscopic foci of Ductal carcinoma insitu (DCIS).
- DCIS is intermediate nuclear grade atypia with solid & crimriform pattern.
- No stromal invasion is identified .
- Skin and all surgical margins are free of tumoral involvement.
- Other pathologic findings :
 - Duct ectasia,
 - Adenosis.
 - Fibrocystic changes.
 - Columnar cell changes.
 - Fat necrosis.



Dr H . Hajizadeh Fallah

Dr Sh . Mahdavi Izadi

Dr R. Abdollahpouri

Dr M . Karimi

IHC Report :

- **Specimen** : Our paraffin blocks No P-00-4300 of Right breast mass mastectomy is evaluated by IHC method.
- **Histopathologic Diagnosis** : *Presence of microscopic foci of Ductal carcinoma insitu (DCIS) .*
- **Immunostaining Results** : The tumoral cells in insitu component reveals underlying IHC profiles :
 - ***Estrogen Receptor*** : *Positive (Strong intensity , 70-75 % of tumoral cells).*
 - ***Progesterone Receptor*** : *Positive (Strong intensity , 40-45 % of tumoral cells).*

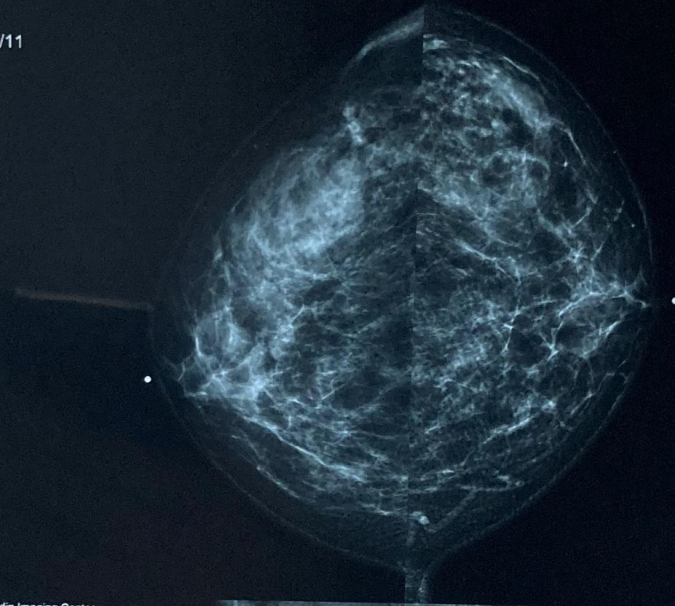
Comment : *Due to small & microscopic size of insitu component in our specimen, above hormonal pattern may be not completely representative for original tumor nature.*

مشاوره رادیو انکولوژی فالوآپ

کیس دوم

- خانم ۴۰ ساله
- متاهل
- دارای دو فرزند
- شیردهی کامل به هر دو فرزند
- هیستوری خانوادگی مثبت (مادر کنسر برست)
- مراجعه بدلیل کشف توده توسط خود بیمار

Dr Aمانهه Sayed Javadin Imaging Center
Eslami somayeh40y-4
ID 0010219m
RCC
Study: 2022/01/11



Dr Aمانهه Sayed Javadin Imaging Center
Eslami somayeh40y-4
ID 0010219m
RMLO
Study: 2022/01/11



Dr Aمانهه Sayed Javadin Imaging Center
Eslami somayeh40y-4
ID 0010219m
LCC
Study: 2022/01/11

Dr Aمانهه Sayed Javadin Imaging Center
Eslami somayeh40y-4
ID 0010219m
LMLO
Study: 2022/01/11

Bilateral CC & MLO view full field digital mammography:

- **Breast cancer by first degree relative**

This is baseline screening mammography was done for a 40 years old woman.

Breast composition: (Type D) Extreme increased density of both breasts is noted, which obscure underlying detail.

Partially obscured mass in UOQ of RT breast is noted . Also mass like density in UOQ of LT breast in near zone is seen .

In addition stellate mass in UOQ of RT breast is noted (BIRADS 4a) .

No suspicious microcalcification are noted .

No nipple retraction or skin thickening is seen.

LT Breast BIRADS category 0 :

Assessment incomplete.

RT Breast BIRADS category 4a :

Suspicious for malignancy, US before biopsy is recommended.

در این مرکز بیوپسی سوزنی توده های پستان-آسپیریشن کیست-وایرگذاری و مارکرگذاری تحت گاید سونو انجام میشود .
داشتن ماموگرافی ، سونوگرافی و نتیجه پاتولوژی در مراجعات بعدی الزامی است .

با سلام ،

سونوگرافی پستان (دوطرفه با پروپ مخصوص)

در بررسی سونوگرافی که با پروپ 15 - 10 مگا هرتز و با استفاده از SONO CONTACT انجام شد .

اکویاترن بافت غددی هردو پستانها طبیعی است وضایعه فضاگیر cystic و Solid در پستان چپ رویت نمی گردد.

در پستان راست در ساعت 9-10 در قسمت پریفرال دو توده هایپواکو با جدار نامنظم به ابعاد 10*8 mm , 20*18 mm مشاهده می شود . ارزیابی بیشتر با ماموگرافی و بیوپسی جهت R/O Malignancy توصیه می گردد .

در بررسی نواحی آگزیلری:

شواهدی از ضایعه پاتولوژیک مشاهده نمی شود ونمای نرمال دارد.

TISSUE ORIGIN: *Right Breast*

CLINICAL DATA: *Mass (birad 4)*

Gross pathology: *Specimen received in formalin consist of 3 irregular yellow to gray-brown elastic to firm fibrofatty pieces of tissue totally measuring $2.5 \times 2.3 \times 1.8$ cm. Cut surfaces are solid and cream-yellow. Sos=6/4 S=100%*

BLOCK SUMMARY: *4 blocks submitted.*

MICROSCOPIC: *Sections reveal a malignant neoplasm characterized by the presence of small and relatively uniform tumor cells growing singly in indian file and in a concentric fashion in fibrotic stroma. in situ lobular component, invasion to adjacent breast fatty tissue and blood vessels are evident.*

DIAGNOSIS: *Labeled as Rt breast mass, excisional biopsy:*

-Invasive lobular carcinoma (grade 1, total score 5) with invasion to blood vessels and adjacent fatty tissue

ICDOT=C50.9

ICDM=8520/3

Comment: 1-IHC staining such as E-cadherin and ... is proposed 2-Due to the specimen is fragmented identification of tumor margins is impossible

IMMUNOHISTOCHEMICAL REPORT

Sample :Paraffin block No. R00-306

From: Dr. Roshan Path. Lab. of Rudsar

Histologic diagnosis

Labeled as Rt. breast mass, excisional biopsy:

-Invasive lobular carcinoma with invasion to blood vessels and adjacent fatty tissue.

IHC stains :The neoplastic cells express immunoreactivity as follows:

-Estrogen receptor : Positive, score 6/8 (55 percent, moderate nuclei staining)

-Progesterone receptor: Positive, score 8/8 (80 percent, strong nuclei staining)

-P53 : Negative

-c-erb-B2 (HER-2 , clone CB 1) : Negative

-Ki-67 index : # 10%

Comment ER & PR: Tumor Scoring 2 or less : Negative

Tumor Scoring 3 or more: Positive

Comment c-erbB2- :Score 0 & 1 + are consider negative

Score 2 + is positive but may be responsive to Herceptin therapy.

Score 3 is positive & more probably will be responsive to Herceptin therapy.

k/a

ورک آپ
مشاوره ؟
مشاوره ژنتیک

کاندید جراحی

Surgical Pathology Report

Tissue Origin : Right breast lesion partial mastectomy (Frozen and permanent evaluation) and
Right axillary lymphadenectomy :

Clinical Data : Known case of Right breast cancer with previous surgery.

Macroscopy : The specimens is received in 2 separate containers with following description :

A) Right breast lesion partial mastectomy : The specimens is received freshly for frozen and permanent evaluation and consists of a fibrofatty breast tissue measuring 13x6x2 cm that partially covered by skin tissue with 11x2 cm. On cut sections, a creamy color region measuring 1.5x1.5x1 cm is present. Another irregular yellow color region measuring 1x0.8x0.6 cm is present, too.

B) Right axillary lymphadenectomy: The specimens is received in formalin for permanent evaluation and consists of multiple fibrofatty tissue measuring 5x3.5x2.5 cm that on cut section, 5 lymph nodes with 2 cm in maximum diameter is identified.

Frozen section Report :

A) Right breast lesion partial mastectomy :

- Fat necrosis.
- No tumoral residue is identified.
- Skin and all surgical margins are free from tumor.

Block summary :

A) Right breast lesion partial mastectomy :

Frozen specimen of Right breast first lesion 1 block (No AF1),
Frozen specimen of Right breast second lesion 1 block (No AF2),
Permanent specimen of Right breast lesion 4 blocks (No A3-A6),
Skin 1 block (No A7),
Lateral surgical margin 1 block (No A8),
Superior surgical margin 1 block (No A9) ,
Medial surgical margin 1 block (No A10),
inferior surgical margin 1 block (No A11),
Breast tissue separate from main tumoral mass 1 block (No A12).

B) Right axillary lymphadenectomy : Right axillary lymph node R.S.S in 5 blocks (No B1-B5).

Microscopy : A,B) Sections show breast tissue that reveals bland looking breast lobules with mild cystic distention of some ducts set in fibrous stroma with foci of chronic inflammatory infiltration accompanied by string suture with foreign body type inflammatory reaction.

DX : A) Right breast lesion partial mastectomy (Frozen and permanent evaluation):

- Fibrocystic changes with foreign body type granulomatous reaction, and fat necrosis.
- No tumoral residue is identified in this specimen.

B) Right axillary lymphadenectomy :

- 5 reactive lymph nodes without tumoral involvement.

مشاوره رادیو انکولوژی فالوآپ

